24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
National Right to Life Victory Fund				
	C C00509893			
Check if \times 24-hour report 48-hour report \times New report Amends report filed on				
Full Name of Payee	Date of Public Distribution/Dissemination			
Tigre-Strategics, Inc	01 03 2014			
Mailing Address 3817 W Dale Ave	Amount			
	100.00			
City State Zip Code Tampa FL 33609-4436	185.52 Transaction ID : E47822941C96B42B2B96			
1000	Date of Disbursement or Obligation			
Purpose of Expenditure IE-Phone Calls-Jolly Category/ Type	M = M / D = D / Y = Y = Y			
Name of Federal Candidate Support Office	e Sought: X House District: 13			
David W Jolly Oppose	President Senate State: FL			
	ursement For: Primary General			
Per Election for Office Sought 185.52 2014	Other (specify) ► Special Primary2014			
Full Name of Payee	Date of Public Distribution/Dissemination			
Tigre-Strategics, Inc	01 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 3817 W Dale Ave	Amount			
	Amount			
City State Zip Code	192.36			
Tampa FL 33609-4436	Transaction ID : E136D9C41D2DC4B96813 Date of Disbursement or Obligation			
Purpose of Expenditure IE-Phone Calls-Jolly Type	M = M / D = D / Y = Y = Y			
Type				
Name of Federal Candidate Support Office	e Sought: X House District: 13			
David W Jolly Oppose	President Senate State: FL			
	ursement For: Primary General			
Per Election for Office Sought 377.88	Other (specify) ▶ Special Primary2014			
(a) SUBTOTAL of Itemized Independent Expenditures	377.88			
	7 7 7			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	• • • • • • • • • • • • • • • • • • • •			
	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	EXI ENDI	TOTIES		PAGE 2 OF 4 FOR SE OF FORM 24/48	_
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	,
National Right to Life Victory Fund				C C00509893	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y = Y]
Full Name of Payee Doyle Printing				of Public Distribution/Dissemination	_
Mailing Address 5206 46th Ave			Amou	02 19 2014 nt	_
City	State	Zip Code		2487.32	٦
Hyattsville	MD	20781-2305		action ID: E45F222D7D233420FA3of Disbursement or Obligation	4
Purpose of Expenditure IE-Printing-Jolly		Category/ Type		M	
Name of Federal Candidate		Support	Office Sough	t: X House District: 13	
David W Jolly		Oppose	Preside		_
Calendar Year-To-Date Per Election for Office Sought		6827.16	Disbursemen 2014 X o	t For:	
Full Name of Payee Doyle Printing				of Public Distribution/Dissemination	
Mailing Address 5206 46th Ave			Amou	02 19 2014	_
					-
City Hyattsville	State MD	Zip Code 20781-2305		700.00 action ID: E668B821862774D2985E of Disbursement or Obligation	_
Purpose of Expenditure IE-Printing-Jolly		Category/ Type		TEM / DED / YEYEYE	
Name of Federal Candidate		X Support	Office Sough	nt: X House District: 13	_
David W Jolly		Oppose	Preside	ent Senate State: FL	_
Calendar Year-To-Date Per Election for Office Sought		6827.16	Disbursemen 2014	nt For:	
(a) SUBTOTAL of Itemized Independent Expenditures.				3187.32	1
(b) SUBTOTAL of Unitemized Independent Expenditure	es		. .		1
(c) TOTAL Independent Expenditures			· -]
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized				
Wayne Cockfield	[Electroni	ically Filed] Date	9 03	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature					

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

,				FOR SE	OF FORM 24/48
NAME OF COMMITTEE (In Full)	· F '			FEC IDENTIFICA	TION NUMBER ▼
National Right to Life Vic	tory Fund			C C0050989	3
Check if 24-hour report 4	8-hour report New rep	ort Amends repo		1 = M / D = D	/ Y = Y = Y = Y
Full Name of Payee Accumail	_		Date	of Public Distribution	on/Dissemination
			N	02 / 19	2014
Mailing Address 3381 75th Ave #	tH		Amou	ınt	
City	State	Zip Code			3087.84
Landover	MD	20785-1512		saction ID : E86D2 of Disbursement o	5231B2504D11ABB r Obligation
Purpose of Expenditure IE-Postage-Jolly		Category/ Type		/	/
Name of Federal Candidate		X Support	Office Sough	nt: X House	District:13
David W Jolly		Oppose	Preside	ent Senate	State: FL
Calendar Year-To-Date Per Election for Office Soug	ht	6827.16	Disbursemen		, m
Š		11.2			pecial General2014
Full Name of Payee Doyle Printing				of Public Distribution 02 / 19	/ Y Y Y Y Y Y
Mailing Address 5206 46th Ave)		Amou		2014
City	State	Zip Code			552.00
Hyattsville	MD	20781-2305		action ID : E1DC40 of Disbursement o	25BAD0A461B9BI r Obligation
Purpose of Expenditure IE-Printing-Jolly		Category/ Type		M = M / D = D	/ Y = Y = Y
Name of Federal Candidate		X Support	Office Sough	nt: X House	District:13
David W Jolly		Oppose	Presid	lent Senate	State:FL
Calendar Year-To-Date Per Election for Office Soug	ht	6827.16	Disbursemer 2014		General Genera
(a) SUBTOTAL of Itemized Indep	endent Expenditures			7	3639.84
(b) SUBTOTAL of Unitemized Ind	ependent Expenditures		· •		
(c) TOTAL Independent Expenditu	ıres		•		
Under penalty of perjury I certify with, or at the request or suggesti party committee) any political part	on of, any candidate or authorized				
Wayne Cockfield	[Electron	ically Filed] Date	9 03		014
Signature					

PAGE

OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Sch	edule E)	101120		PAGE 4 OF 4 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Nat	tional Right to Life Victory Fund			C C00509893
Check	k if 🔀 24-hour report 🗌 48-hour report 🔀 New repo	ort Amends repo	ort filed on	T = M / D = D / Y = Y = Y = Y
F	ull Name of Payee Tigre-Strategics, Inc			of Public Distribution/Dissemination
				02 28 2014
IV	failing Address 3817 W Dale Ave		Amou	ınt
С	Sity State	Zip Code	-	301.27
	Tampa FL	33609-4436		saction ID: E9F6D4B77A66D4714874 of Disbursement or Obligation
	urpose of Expenditure E-Phone Calls-Jolly	Category/ Type		A = M / D = D / Y = Y = Y
N	lame of Federal Candidate	Support	Office Sough	nt: X House District: 13
	David W Jolly	Oppose	Preside	
	Calendar Year-To-Date	7128.43	Disbursemen	
L	Per Election for Office Sought	7128.43	²⁰¹⁴ X o	Other (specify) Special General2014
	full Name of Payee Marketel Media, Inc.			of Public Distribution/Dissemination
	Action Address			03 04 2014
IV	Mailing Address 33175 Temecula Pkwy		Amou	unt
	Dity State	Zip Code	-	7590.00
-	Temecula CA	92592-7310	Transa	action ID: E05691E81798B44E6917 of Disbursement or Obligation
	Purpose of Expenditure IE-Radio Ads-Jolly	Category/		M M / D D / Y Y Y Y Y
		Type		
	Name of Federal Candidate	Support	Office Sough	
<u> </u>	David W Jolly	Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	14718.43	Disbursemen 2014	nt For:
(a)	SUBTOTAL of Itemized Independent Expenditures		·· >	7891.27
(b)	SUBTOTAL of Unitemized Independent Expenditures		.	7 1 7 1 7
(c)	TOTAL Independent Expenditures			45000.04
(0)	TOTAL macpendant Experianties		· ·	15096.31
wit	der penalty of perjury I certify that the independent expenditures h, or at the request or suggestion of, any candidate or authorized rty committee) any political party committee or its agent.			
	Wayne Cockfield [Electroni	cically Filed] Date	e 03	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature			